

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | |
|---|----------|---------|-----------------------|---------|------------------------|-------------|
| Application Number 09/904,103 | | | | | | Filing Date |
| Applicant(s) | | | | | | |
| May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| 8 | X | | | | | |
| 9 | X | | | | | |
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| 11 | X | | | | | |
| 12 | X | | | | | |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 20 | | | | | |
| Total Claims | 23 | | | | | |